

**AMENDMENT TRANSMITTAL**

Application No.	10/606,010
Filing Date	06/24/2003
First Named Inventor	Lawless
Title	Reflectometry system with compensation for specimen holder topography and with lock-rejection of system noise
Examiner Name	B. Choobin
Group Art Unit	2625
Attorney Docket No.	A-65430-2/DJB

CERTIFICATE OF MAILING	
I hereby certify that this correspondence is being deposited with the United States Postal Service with Sufficient postage as first class mail in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this date: MARCH 22, 2005	
Typed or printed name	MARIA CIGANOVICH
Signature	<i>Maria Ciganovich</i>

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
Terminal Disclaimer \$65.		
Total \$65.		
<input checked="" type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	<input checked="" type="checkbox"/> Terminal Disclaimer	■ CHECK # 302722 (\$65.)
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Request for Refund	■ RETURN POSTCARD
<input type="checkbox"/> Supplemental Information Disclosure Statement; PTO 1449	<input type="checkbox"/> CD, No. of CD(s) _____	
<input type="checkbox"/> Certified Copy of Priority Document(s)		
<input type="checkbox"/> Express Abandonment Request		
<input checked="" type="checkbox"/> The Director is hereby authorized to charge any underpayment of fees associated with this communication, including any necessary fees for extension of time or additional claims, and/or credit any overpayment to Deposit Account No. 50-2319 (Order No. 468503-217).		

Respectfully submitted,

David J. Brezner
DORSEY & WHITNEY LLP
4 Embarcadero Center, Suite 3400
San Francisco, CA 94111
Telephone : 415 781 1989

Customer Number 32940

Signature

David J. Brezner

Date March 22, 2005